

Community Development Block Grant – Disaster Recovery
Owner Occupied Rehabilitation and Reconstruction Program
ZERO INCOME AFFIDAVIT

THIS FORM SHOULD BE COMPLETED BY ANY MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER WHO DOES NOT RECEIVE ANY INCOME OR BENEFITS

I, _____, Social Security Number _____
Name of Person Claiming No Income

Being an adult over 18 years of age, certify that I do not have any income from any source, both taxable and non-taxable income, including, but not limited to:

- Wages, salaries, tips, etc.
- Taxable Interest
- Dividends
- Alimony (or separate maintenance payments) received
- Business income (or loss)
- Capital gain (or loss)
- Other gains (or losses) (i.e., assets used in a trade or business that were exchanged or sold
- Taxable amount of individual retirement account (IRA) distributions (Includes simplified employee pension (SEP) and savings incentive match plan for employees [SIMPLE] IRA)
- Taxable amount of pension and annuity payments
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm income (or loss)
- Unemployment compensation payments
- Taxable amount of social security benefits
- Other income (includes: prizes and awards; gambling, lottery or raffle winnings; jury duty fees

I understand that I have been included as part of my family’s disaster relief application for the reconstruction, rehabilitation, and/or mitigation of our home which was damaged by Superstorm Sandy on October 29, 2012.

I have stated during this verification process that I have no income at this time. I have not received income since _____.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify my household from participation in the CDBG-DR program. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct.

Signature: _____

Date: _____

Subscribed and sworn to,
Before me, this ____ day of _____,
_____, 20____

Notary Public
Commissioner of Superior Court

Commission Expires _____
Date